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Dissertation

on

Pneumonia-Typhoides.

by Mr. Paxson of Virginia

exam^d & passed - March 4th 1817.

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On a disease, which has been of late so much the object of attention, I cannot hope to advance any things either new or interesting. But, indeed, I know no subject on which a candidate might not urge the same excuse:— for to him, the field of experience is limited, and the wilds of speculative conjecture, are consecrated forests, in which he should not stray. It would be useless for me to detail to you its origin & progress or exhibit the various features, which it has assumed in different climates and situations. The friendship of Dr Hewson afforded me an opportunity of seeing the disease, when it raged with considerable violence in the Philadelphia- Prison. Leaving it for abler hands to give you a complete history of the disease in all its diversities, I shall content myself with exhibiting it, as it appeared in this institution.

The attack usually commenced with alternate chills and heats, as in ordinary fevers; the local affection not manifesting itself until the accession of the hot stage. In other cases the local affection was

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the first symptom, and continued for sometime before the accession of the fever. In many cases the disease was insidious in its approach, stealing insensibly on the patient: for a day or two, he would complain of languor lassitude and debility, together with loss of appetite a disagreeable sensation about the epigastric region, bitter taste nausea and occasional vomiting. These announced the approaching attack, which unless arrested in its career, soon overwhelmed the patient. The attack in some cases, was sudden and violent, quickly destroying the vital powers. Fainting was common and once or twice it counterfeited apoplexy, succeeded by extreme debility. Pain somewhere in the Thorax, was an almost invariable symptom. Sometimes it was acute, but more commonly of the oppressive kind. The pulmonary affection was indeed the most prominent feature in the disease; and one which might have induced an inattentive observer to mistake it for Pleurisy. It did, indeed, ~~in its symptoms~~ so nearly resemble this disease, as to be only distinguished by the state of the pulse, the expression of the countenance and the general prostration of the system. The pulse though frequently voluminous, was soft and easily compressed, showing nothing of that tension and resistance which we are accustomed to feel in active-

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inflammation of the thorax. Most commonly the pulse was frequent and soft; occasionally it was almost imperceptible, at times it intermitted. I think too the stomach was more affected than we commonly find it in Pleurisy, and that the pain was not so acute, but more of the sickly oppressive kind.

The right side was most commonly affected. Sometimes the pain was in the left, or under the sternum. During the continuance of the disease, the pain sometimes changed its situation. This change was always preceded by an intermission of some hours. The attack was accompanied with pains, resembling rheumatic, all over the body, and attended with a peculiar soreness of the flesh.

The stomach was much disordered, and the matter discharged was of a bilious nature. The fever was high, and during its continuance seldom suffered much remission. I did not observe it to take any peculiar type.

The difficulty of respiration, shortness of breath and cough were always distressing; and in some instances appeared to constitute the principal complaint. The respiration was in many cases so difficult and laborious, and attended with such exquisite pain as almost to threaten suffocation. The throat was but seldom affected, and in those, the anginose affection was not so considerable, as to form a prominent feature in the disease.

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In the severe cases, delirium was a common attendant; others were comatose and could with difficulty be roused. They appeared stupid and absent; but when spoken to rather loudly, would answer distinctly and rationally, though unwillingly.

In the commencement, the cough was frequent and hard; the patient spat little, and that little afforded no relief. Towards the close the sputum was more copious - coughed up with more ease, and afforded more relief - not unfrequently it was tinged with blood.

The appearance of the tongue varied considerably - mostly it was covered with a whitish or brownish coat. At other times it was red and glossy. In a few severe cases it was nearly of its natural appearance - The skin was hot, dry and harsh - sometimes preternaturally cold -

The countenance always expressed great anxiety and distress. It had indeed something so peculiar in it, that by it alone, a discerning eye could almost infallibly distinguish the disease. In most cases, the bowels appeared but little affected; in some they were rather torpid -

I saw not enough to convince me the disease was contagious; yet sufficient to induce me to suspect it to be so - The nurses generally escaped it - as also others, who were necessarily in the sick rooms; but occasionally they were troubled with the precursory symptoms; viz:

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most powerful stimuli internally. The Volatile Alkali and wine-whey were exhibited freely. But Toddy, milk punch &c were also in many cases found useful, given as liberal as possible. Not unfrequently by the free and judicious use of these means the system was roused and the patient preserved.

In some extreme cases the external use of the spirits of Turpentine was attended with considerable advantage. It was used as a liniment to the entire surface: The Decoction of Cantharides in the Spirits of Turpentine was also occasionally employed; - though more frequently, it was used to hasten the action of the blisters. These are powerful remedies, and were adapted to such extreme cases.

The pulmonary affection was always so considerable as to require prompt and decisive means for its relief. Blisters were most efficacious. They were early applied, and frequently renewed. A succession was found more useful, than to keep the first discharging. Their application was usually postponed until after the operation of the emetic, though not of necessity, for if the pulse did not contra-indicate, they might be immediately applied, and the emetic given soon after. It was convenient however that the emetic operation should be over before the Cantharides began to stimulate. Large blisters were most beneficial, and in many cases, it was found use-

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-ful to accelerate their action, by previously rubbing the part with the decoction of Cantharides in the Spirits of Turpentine.

The cough was allayed by demulcent and pectoral mixtures. It declined in most cases, with the disease; though in a few cases it continued to harass the patient for several weeks after every other symptom had disappeared. The patient's bowels were frequently regular throughout the disease; when too costive, laxatives were exhibited; when too loose, opiates, or if necessary, the cretaceous Julep, Lime water &c.

During convalescence, the bitters and tonics were employed, and a generous diet allowed. The Infusion of Quassia, acidulated with some of the mineral acids, afforded a pleasant and useful tonic. The convalescence was generally rapid and the patient soon regained his prestine health. Relapses seldom occurred, when they did, they were generally fatal. In a few instances it appeared to terminate in another disease, particularly Phthisis pulmonalis, which had a fatal issue.